

EXHIBIT 1

IN THE CIRCUIT COURT OF MACON COUNTY, ALABAMA

LORI ANN MORRIS,
as Administratrix of the Estate of
Vernell Brian Morris.

Plaintiff,

vs.

FLORIDA TRANSFORMER, et al.

Defendants.

CIVIL ACTION NO.:

**PLAINTIFF'S FIRST SET OF INTERROGATORIES AND REQUEST FOR
PRODUCTION OF DOCUMENTS**

COMES NOW the Plaintiff in the above-styled cause and propounds the following Interrogatories and Requests for Production to the Defendant, Florida Transformer:

1. Copy and attach the entire driving record, personnel and employment file in the defendant's possession to date on the driver involved in this accident, Edward Neal Thompson, and attach a photostatic copy of each and every page of the "driver logs" for fourteen days prior to and inclusive of the date of the accident made the basis of this complaint.

2. Was this defendant correctly identified in the Summons and Complaint filed in this case? If not, state the correct designation of this defendant.

3. Provide the following identifying information for this defendant:

- a) The way in which this defendant operates its business, i.e., corporation, partnership, proprietorship, or other form;
- b) Principal place of business;
- c) State under whose laws this defendant is incorporated or organized;
- d) The kind of business in which this defendant is engaged.

4. Did this defendant own the tractor-trailer truck operated by the driver at the time of the

accident? If not, state the name and address of the owner.

5. Is this defendant a common carrier or contract carrier within the meaning of the regulation of the Interstate Commerce Commission.?

6. Did this defendant, or anyone on its behalf, submit a report of the accident (however designated) to the Department of Transportation, National Transportation Safety Board, Alabama Public Service Commission or any other governmental agency on account of the accident in question? If so, produce and attach a complete copy of the report.

7. State in complete detail how this defendant contends the accident in question occurred.

8. State the names and addresses of all persons who this defendant contends is responsible in any way for the accident in question.

9. State the names and addresses of all persons who may have witnessed, in whole or part, the accident giving rise to this lawsuit.

10. With respect to all persons expected to be called as expert witnesses at the trial of this action, state the following:

- a) Name and address;
- b) Filed in which the witness will be offered as an expert;
- c) A summary of the qualifications of the proposed expert witness;
- d) Attach a copy of the curriculum vitae of each such expert witness;
- e) The substance of the facts of the expert testimony;
- f) The substance of the grounds of each expert opinion;
- g) The complete name of any treatise, article, regulation, standard, rule or other writing upon which the expert will rely in support of this testimony;
- h) Attach a copy of any report or memorandum (however designated) prepared by the expert.

11. Does this defendant contend that the plaintiff contributed in any fashion to cause the accident in question? If so, state fully how you contend he contributed.

12. Did the defendant driver of the tractor-trailer truck in any manner fail to comply with any company rule or regulation on the date of the accident in question? If so, state the substance of each rule or regulation violated.

13. Attach and copy any and all bills of lading from August 1, 2004 through the date of the accident for the truck involved in the accident.

14. Copies of any and all dispatch logs or other documentation of any type whatsoever stating the travel route and destination for the fourteen days prior to and inclusive of the date of the accident made the basis of this complaint for the Florida Transformer truck involved in the accident.

15. Copies of any and all fuel tickets, purchases, control slips, computer printout sheets or any documentation whatsoever showing fuel purchased or any purchases from August 1, 2004 through September 4, 2004, relating to this truck and defendant driver.

16. Copies of any documentation whatsoever which would show the "hub miles" as recorded on the vehicle made the basis of this accident from August 1, 2004, through September 4, 2004.

17. State the name of the driver and his address that was involved in the accident that is made the basis of this complaint and also give the license plate and serial number of the tractor-trailer involved, giving a thorough description of same.

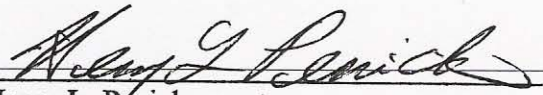
18. Please provide me with legible photographs of the sides and frontal and rear views of the truck involved in the accident.

19. Produce all maintenance records on the truck involved in this accident from August 1, 2003 through September 2, 2004.

20. Produce copies of any statements taken by you, whether written or audio.

Done this the 31st day of August, 2005.

H. L. PENICK & ASSOCIATES, PC.


Henry L. Penick
Attorney for Plaintiffs

SERVED WITH COMPLAINT.


Of Counsel

EXHIBIT 2



alacourt.com's

Alabama SJIS Case Detail

Settings

Parties

Case Action Summary

Witness List

Financial

E

Case							
County	46	Case Number	CV 2005 000172 00	JID	XXX	Trial	J
Style	LORI ANN MORRIS VS EDWARD NEAL THOMPSON, ET AL						
Code	WDEA	Type	WRONGFUL DEATH	Filed	08312005	Track	
Amount		Status	ACTIVE	Plaintiffs	001	Defendants	002
DJID		Court Action	00000000			For	
Damages-Comp		Damages-Pun		Damages-Gen		No Damages	
Trial Days		Lien					

Settings

Date 1	Que 1	Time 1	Description
Date 2	Que 2	Time 2	Description
Date 3	Que 3	Time 3	Description
Date 4	Que 4	Time 4	Description
Cont Date	Why		Cont #
RevJmt	Admin Date	Why	
Appeal Date	CRT	Case	0000 000000 00
TBNV1	TBNV2	DSDT	DTYP
Comment 1			
Comment 2			

Party 1

Party	C 001	Name	LORI ANN MORRIS, AS ADMINISTRATRIX OF THE ESTATE	Type	INDIVIDUAL
INDX	D FLORIDA T	ANAM		JID	XXX
SSN		Address 1	OF VERNELL BRIAN MORRIS	Sex	
DOB		Address 2		Race	
Country	US	City	AL 00000 0000	Phone	334 000 0000
Atty 1	PENICK HENRY L	Atty 2		Atty 3	
Atty 5		Atty 6		Atty 4	
Issued		Type		Reissue	Type
Return		Type		Return	Type
Service		Type		Serv On	By
Answer		Type		NS Not	NA Not
Warrant		Type		Arrest	
CACT		Date		For	Exep
AMT		Cost		Other	Satisfied
Comment					

Party 2

Party	D 001	Name	FLORIDA TRANSFORMER	Type	INDIVIDUAL
INDX	C MORRIS L	ANAM		JID	XXX
SSN		Address 1	P O BOX 507	Sex	
DOB		Address 2		Race	
Country	US	City	DEFUNIAK SP FL 32435 0000	Phone	334 000 0000
Atty 1		Atty 2		Atty 3	
Atty 5		Atty 6		Atty 4	
Issued	08312005	Type	C CERTIFIED MAI	Reissue	Type
Return		Type		Return	Type
Service	09062005	Type	C CERTIFIED MAI	Serv On	By
Answer		Type		NS Not	NA Not
Warrant		Type		Arrest	
CACT		Date		For	Exep
AMT		Cost		Other	Satisfied
Comment					

Party 3

Party	D 002	Name	THOMPSON EDWARD NEAL	Type	INDIVIDUAL
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EXHIBIT

B

INDX	C MORRIS L	ANAM		JID	XXX
SSN		Address 1	801 5TH AVENUE	Sex	
DOB		Address 2		Race	
Country	US	City	AL 36240 0000	Phone	334 000 0000
Atty 1		Atty 2		Atty 3	
Atty 5		Atty 6		Atty 4	
Issued	08312005	Type	C CERTIFIED MAI	Reissue	Type
Return	09062005	Type	C UNCLAIM CERT	Return	Type
Service		Type		Serv On	By
Answer		Type		NS Not	NA Not
Warrant		Type		Arrest	
CACT		Date		For	Exep
AMT		Cost		Other	O
Comment					
Case Action Summary					

Date	Time	Code	Comments	Operator
08312005	1417	ASSJ	ASSIGNED TO JUDGE: ASSIGNED JUDGE (AV01)	VEH
08312005	1417	ORIG	ORIGIN: INITIAL FILING (AV01)	VEH
08312005	1417	TDMJ	JURY TRIAL REQUESTED (AV01)	VEH
08312005	1417	STAT	CASE ASSIGNED STATUS OF: ACTIVE (AV01)	VEH
08312005	1418	PART	LORI ANN MORRIS, AS ADMINISTRATRIX OF THE ESTATE	VEH
08312005	1418	ATTY	LISTED AS ATTORNEY FOR C001: PENICK HENRY L (AV02)	VEH
08312005	1419	SUMM	CERTIFIED MAI ISSUED: 08/31/2005 TO D001 (AV02)	VEH
08312005	1420	PART	THOMPSON EDWARD NEAL ADDED AS D002 (AV02)	VEH
08312005	1420	SUMM	CERTIFIED MAI ISSUED: 08/31/2005 TO D002 (AV02)	VEH
08312005	1420	D001	ADDR1 CHANGED FROM: 801 5TH AVENUE (AV02)	VEH
08312005	1420	D001	ADDRESS STATE CHANGED FROM: AL (AV02)	VEH
08312005	1421	TEXT	FLORIDA TRANSFORMER ADDED AS D001	VEH
08312005	1422	TEXT	COVER SHEET	VEH
08312005	1422	TEXT	COMPLAINT	VEH
08312005	1422	TEXT	SUMMONS	VEH
09082005	1017	TEXT	NOTICE OF FILING OF CERTIFIED COPY OF LETTERS OF	MAA
09082005	1017	TEXT	ADMINISTRATION	MAA
09132005	0855	RETU	RETURN OF UNCLAIM CERT ON 09/06/2005 FOR D002	MAA
09132005	0857	SERC	SERVICE OF CERTIFIED MAI ON 09/06/2005 FOR D001	MAA

EXHIBIT 3

H. L. Penick & Associates, P.C.

Henry L. Penick
Anita Terry Tye
C.H. Brantley

Attorneys at Law
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319 - 17th Street, North - Suite 200
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Phone (205) 252-2538
Fax (205) 251-0231

December 9, 2005

W. Evans Brittain
Ball, Ball, Matthews & Novak, P.A.
2000 Interstate Park Drive, Suite 204
P.O. Box 2148
Montgomery, AL 36102-2148

**RE: Lori Ann Morris v. Edward Neal Thompson and Florida Transformer,
Civil Action No.: 3:05-CV-962-T, Middle District of Alabama**


Dear Mr. Brittain:

Earlier this week, I received an Order from Judge Thompson requiring me to respond to certain discovery propounded by Defendants. Pursuant the Federal Rules of Civil Procedure governing removal, and to the local rules, the Plaintiff's discovery initiated in the Circuit Court of Macon County is due. Within ten (10) days of receipt of this letter, please provide me with the responses to Plaintiff's discovery. Plaintiff's discovery was initiated first. I would appreciate receiving said discovery before responding to the discovery propounded by Defendants.

If responses to interrogatories and request for production are not received within ten (10) days, I will be required to file a Motion to Compel.

If you have any questions regarding this matter, please call.

Very truly yours,



Henry L. Penick

HLP/dl

EXHIBIT 4

H. L. Penick & Associates, P.C.

Henry L. Penick
Anita Terry Tye

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March 15, 2006

W. Evans Brittain
Ball, Ball, Matthews & Novak, P.A.
2000 Interstate Park Drive
Suite #204
P.O. Box 2148
Montgomery, AL 36102-2148

RE: Lori Ann Morris v. Edward Neal Thompson and Florida Transformer
Civil Action No.: 3:05-CV-962-T

Dear Mr. Brittain:

I am in receipt of your interrogatories and requests for production served on February 22, 2006. As I have indicated to you earlier, I served interrogatories and requests for production on the defendants prior to any requests served by defendants. For this reason, I am, once again, requesting that you provide answers to plaintiff's discovery within ten (10) days. After I receive the responses from defendants, I will provide responses to defendants' discovery requests.

If you expect this case to ever move forward, then you should respond to plaintiff's discovery. Otherwise, you are burning valuable discovery time. If you have any questions in the meantime, please call.

Very truly yours,



Henry L. Penick

HLP/pt

cc: Dr. Edward A. Robinson, III

EXHIBIT 5

7. MEDICAL EXAMINER'S CERTIFICATEHeight: 72 (in.)Weight: 203 (lbs.)

Name: Last, _____

First, _____

Middle, _____

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

See *Instructions to the Medical Examiner for guidance.*

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extracocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.			8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			9. Genito-urinary System	Hernias.		
4. Mouth and Throat	Irreversible deformities likely to interfere with breathing or swallowing.			10. Extremities - Limb	Loss or impairment of leg, foot, toe, arm, hand, finger, perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
6. Lungs and chest, not including breast examination.	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.			12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		

*COMMENTS:

Note certification status here. See *Instructions to the Medical Examiner for guidance.*

- ☐ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- ☐ Does not meet standards
- ☒ Meets standards, but periodic monitoring required due to 4/28/04 to 04/24/05
- Driver qualified only for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ Other
- ☒ Temporarily disqualified due to (condition or medication): DIABETES

Return to medical examiner's office for follow up on _____

Medical Examiner's Signature [Signature]

Medical Examiner's Name DR. N. GENTILELLI

Address CLARKVILLE, TN

Telephone Number (615) 283-2013

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

EXHIBIT 6

TESTING (Medical Examiner completes Section 3 through 7) Name: Last, First, Middle,

3. VISION Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

ACUITY		UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION	
Right Eye	20/100	20/	20/	Right Eye	85°
Left Eye	20/100	20/	20/	Left Eye	85°
Both Eyes	20/100	20/	20/		

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing: ☐ Corrective Lenses ☒ Monocular Vision: ☐ Yes ☒ No

Date of Examination Name of Ophthalmologist or Optometrist (print) Tel. No. License No./State of Issue Signature

4. HEARING Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB. ☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB from ISO for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear	5 Feet	Left Ear	5 Feet
--	-----------	--------	----------	--------

b) If audiometer is used, record hearing loss in decibels, (acc. to ANSI Z24.5-1951)	Right Ear	500 Hz	1000 Hz	2000 Hz	Left Ear	500 Hz	1000 Hz	2000 Hz
	Average:				Average:			

5. BLOOD PRESSURE/PULSE RATE Numerical readings must be recorded. Medical examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic
	136	73
Driver qualified if ≤ 140/90.		
Pulse Rate:	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Irregular
Record Pulse Rate:	64	

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if ≤ 140/90. One-line certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-line certificate for 3 months.	1 year from date of exam if ≤ 140/90
≥ 180/110	Stage 3	6 months from date of exam if ≤ 140/90	6 months if ≤ 140/90

6. LABORATORY AND OTHER TEST FINDINGS Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
1.015	neg	neg	neg	2000

2000

4/28/04 - 6/28/04 - 207 Footing - 6/28/04

EXHIBIT 7

649-F (Rev. 10/03) (6045)

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. **DRIVER'S INFORMATION** Driver completes this section.

Driver's Name (Last, First, Middle) Thompson Edward West

Address 801 5th Ave

Social Security No. 417-88-9319

Birthdate 10-30-42

Age 41

Sex ☒ M ☐ F

City, State, Zip Code Geneva, IL 60130

Work Tel. () 417-88-9319

Home Tel. (381) 417-1657

Driver License No. 4657210

Date of Exam 4-26-04

License Class ☒ A ☐ C ☐ B ☐ D ☐ Other

State of Issue IL

2. **HEALTH HISTORY** Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes No

☐ Any illness or injury in the last 5 years?

☐ Head/Brain injuries, disorders or illnesses

☐ Seizures, epilepsy

☐ medication

☐ Eye disorders or impaired vision (except corrective lenses)

☐ Ear disorders, loss of hearing or balance

☐ Heart disease or heart attack; other cardiovascular condition

☐ medication

☐ Heart surgery (valve replacement/bypass, angioplasty, pacemaker)

☐ High blood pressure

☐ Medication

☐ Muscular disease

☐ Shortness of breath

Yes No

☐ Lung disease, emphysema, asthma, chronic bronchitis

☐ Kidney disease, dialysis

☐ Liver disease

☐ Digestive problems

☐ Diabetes or elevated blood sugar controlled by:

☐ diet

☐ pills

☐ insulin

☐ Nervous or psychiatric disorders, e.g., severe depression

☐ medication

☐ Loss of, or altered consciousness

Yes No

☐ Fainting, dizziness

☐ Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring

☐ Stroke or paralysis

☐ Missing or impaired hand, arm, foot, leg, finger, toe

☐ Spinal injury or disease

☐ Chronic low back pain

☐ Regular, frequent alcohol use

☐ Narcotic or habit forming drug use

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation, List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature Edward West Thompson Date 4-26-04

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

Type 2 dm. Glucophage + Glucotrol - takes pm - when blood sugar > 165

Stavlox. Stroke - stroke occurred approx. 12/4/03. No symptoms. 6017444444

EXHIBIT 8

STATEMENT OF VIOLATIONS

§§391.25, 391.27

This form is to be completed at least once every 12 months.

DRIVER'S NAME Edward Neal Thompson

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If no violations, put NONE in the offense column.)

DATE OF CONVICTION	OFFENSE	LOCATION	COMMERCIAL MOTOR VEHICLE OR AUTOMOBILE
	<u>None</u>		

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Edward Neal Thompson
 DRIVER'S SIGNATURE

8/13/04
 DATE
NAME OF MOTOR CARRIER Florida Transformer, Inc.
 ADDRESS P.O. Box 507 DeFuniak Springs FL 32435
CITY STATE ZIP
Scott Leary
HR MGR

REVIEWED BY: SIGNATURE

TITLE

Certificate of Review

To be certified by a motor carrier supervisor.

I have hereby reviewed the driving record of _____
DRIVER'S NAME
 in accordance with §391.25 and find that he/she:

☐ Meets minimum requirements for safe driving.

☐ Is disqualified to drive a commercial motor vehicle pursuant to §391.15.

Reason for disqualification: _____

 SUPERVISOR'S SIGNATURE

 DATE

Distribution of Copy: Driver Qualification File with a copy of Motor Vehicle Driving Record attached.

79
FTI

EXHIBIT 9

46-965



Dart Transit Company

800 Lone Oak Road, Eagan, MN 55121 • Mailing Address: P.O. Box 64110, St. Paul, MN 55164-0110 • Office: 651-688-2000 • 800-366-9000

To: Florida TransformerRe: Edward Thompson Social Security 417-88-9319He/ She is an ☐ Owner/ Operator ☐ Company DriverDates of Service: From 4/26/04 To Present
Additional Dates _____ To _____Position: Driver, Tractor Trailer
Hauling: General CommoditiesPulling: 53 foot Dry Van Trailer
State Authority: 48 plus Canada

Reason for separation:

☐ Voluntary Quit ☐ Discharged ☒ Currently Employed

ACCIDENT / INCIDENT INFORMATION

DATE	PREV / NP	DESCRIPTION	DOT RECORDABLE
6/14/04	NP	#1 struck #2 in rear.	yes

Eligible for rehire: Upon Review

1. Had a test with a confirmed breathe alcohol level of 0.04 or greater in the past 3 years? YES ☐ NO ☒
2. Tested positive for a controlled substance in the last 3 yrs? YES ☐ NO ☒
3. Refused a controlled substance test and/or alcohol test in the past 3 years? YES ☐ NO ☒
4. Violated other DOT drug/alcohol regulations in the past 3 years? YES ☐ NO ☒
5. Received information from a previous employer that this individual violated DOT drug & alcohol regulations in the past three (3) years? YES ☐ NO ☒
6. Has the above listed individual been subject to federal drug & alcohol testing requirements in the past three (3) years? YES ☒ NO ☐

Completed by Mianne Qualifications Date Completed: 9/9/04